



**HAZARD CONTROL ♦ HEALTHCARE SAFETY ♦
PATIENT SAFETY CERTIFICATION ♦ HEALTHCARE EMERGENCY**

**Certified Hazard Control Board
2163 Pelham Parkway, Suite 217
P.O. Box 1662
Pelham, Alabama 35124
(205) 987 - 9836**

Two references required
Please duplicate

REFERENCE EVALUATION

- ☐ **CHCM**
- ☐ **CHSP**
- ☐ **CPSM**
- ☐ **CPSO**
- ☐ **CHEP**

(Name of reference)

(Name of applicant)

has submitted an application for certification and has selected you as an individual who can provide an assessment of professional attainment that he or she has achieved. Please answer all questions as completely and promptly as possible to expedite the processing of the application. All information furnished will be confidential. Thank you for your cooperation.

1. I have known the applicant since (month, year) _____

2. Under what circumstances have you been able to form a judgement of the applicant's capabilities?

3. If your association with the applicant has a bearing on his or her hazard control or safety management responsibilities, briefly describe how the applicant performed.

4. List applicant's achievement or accomplishments in the field of hazard control management or safety.

APPRAISAL OF MANAGEMENT/TECHNICAL SKILLS AND KNOWLEDGE

INSTRUCTIONS: From your personal knowledge give your evaluation by marking the column which best expresses your appraisal of the candidate. The rating for each column is:

1 = Excellent

2 = Good

3 = Satisfactory

4 = Poor

| PART I – MANAGEMENT CAPABILITIES | 1 – E | 2 – G | 3 – S | 4 – P |
|--|--------------|--------------|--------------|--------------|
| 1. Analytical skills | | | | |
| 2. Oral expression | | | | |
| 3. Writing Ability | | | | |
| 4. Ability to supervise | | | | |
| 5. Creativity in devising solutions to management problems | | | | |
| 6. Initiative in setting program objectives | | | | |
| 7. Follow through in completing tasks and assignments | | | | |
| 8. Personal working relationships | | | | |
| 9. Ability to motivate and involve middle and top level managers | | | | |

| PART II – KNOWLEDGE AND APPLICATION OF HAZARD CONTROL OR SAFETY PRINCIPLES | 1 – E | 2 – G | 3 – S | 4 – P |
|---|--------------|--------------|--------------|--------------|
| 10. Program planning and development | | | | |
| 11. Program evaluation | | | | |
| 12. Technique of data collection and statistical methods | | | | |
| 13. Knowledge of codes, standards and regulations | | | | |
| 14. Identification and analysis techniques | | | | |
| 15. Techniques of accident prevention and safety control | | | | |

16. Are there any reasons why you would not recommend that the applicant be certified?

☐ No

☐ Yes

(Please explain)

Your Name _____ Title _____

Organization _____ Division _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Extension _____

Email Address _____

Signature _____ Date _____